

*Transmitted*

The Mogul Corporation

WATER TREATMENT PRODUCTS AND SERVICES SINCE 1915
CHAGRIN FALLS, OHIO 44022 • (216) 247-5000 • TELEX NUMBER 98-0324

August 27, 1973

Permit No. 1185.13

State of Ohio
Environmental Protection Agency
Box 118
450 East Town Street
Columbus, Ohio 43216

ATTENTION: MR. ANDREW TURNER

SUBJECT: ANALYSIS OF EFFLUENTS - REFERENCE NO. 2111

Attached is our monthly report covering the analyses of our effluents for the month of July, 1973.

These analyses are based on the 12th Edition of Standard Methods.

If there are any questions, please don't hesitate to contact me.

H. H. DAVIDSON - MANAGER
PROPERTIES AND EQUIPMENT

im
Encl.

PLANTS AND LABORATORIES

Chagrin Falls, Ohio
Charlotte, North Carolina
Leonia, New Jersey

Minneapolis, Minnesota
Arlington, Texas
Phoenix, Arizona

Portland, Oregon
Inglewood, California

CANADA
Winnipeg, Manitoba
Montreal, Quebec

AUSTRALIA
The Nightingale Supply Co., Ltd.
Sydney, N. S. W.

MONTHLY REPORT FORM for JULY 1973

Company Name TUE MOGUL CORPORATION				Station/Sample Code F 305 001				Permit No. 1185.13			
Address				Sample Identification PLANT #1 - EFFLUENT							
City/County/Zip CHAGRIN FALLS, OHIO 44022											
Reporting Lab.		In (1)—Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample In (2)—Enter Frequency of Sampling, if necessary						Analyst JOE CLUTS			
(1)	2	2	2	2	2	2	2	2	2		
(2)	1	1	1	1	1	1	1	1	1		
Enter Analyses Performed and Code No. at Right		pH	BOD	COD	TOTAL SUS. S.	SPEC. COND.	TOTAL ALKA.	TOTAL CHROME	TOTAL PHOS	FLOW	
Day Hr. Min.		Code: 00400	Code: 00310	Code: 00340	Code: 00530	Code: 00095	Code: 00410	Code: 01034	Code: 00665	Code: 50050	Code:
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31											

ADDITIONAL REMARKS

REFERENCE NO. 2111-1

Signature of Reporter

H. Davidson

Title of Reporter

Mgr. Properties & Equip

Note: This Report MUST BE TYPED

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REPORT FORM FOR JULY, 197 3

Company Name THE MOGUL CORPORATION	Station/Sample Code F 305 002	Permit No. 1185.13
Address CHAGRIN FALLS, OHIO 44022	Sample Identification PLANT #2 - EFFLUENT	

Reporting Lab.			In (1)—Enter 1 for Continuous, 2 for Composite, 3 for Grab Sample In (2)—Enter Frequency of Sampling, if necessary						Analyst JOE CLUTS		
(1)	(2)										
Enter Analyses Performed and Code No. at Right	pH	BOD	COD	TOTAL SUS. S.	SPEC. COND.	COLOR	FLOW	CHLORINE			
Code:	Code:	Code:	Code:	Code:	Code:	Code:	Code:	Code:	Code:	Code:	Code:
Day Hr. Min.	00400	00310	00530	00530	00095	00080	50050	50064			
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ADDITIONAL REMARKS

REFERENCE NO. 2111-2

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Signature of Reporter

H. Davidson

Title of Reporter

Mr. Properties & Eng.